

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT		TIME	ADDRESS OF OCCURRENCE S COMMERCIAL AVE CHICAGO, IL 60617			LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO				
	16-JUN-2018		0215				303	0424					
	BUSINESS NAME		<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE						
INVOLVED MEMBER	EVENT NO.		RD NO.	IR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	18248		JB308950										
	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOWICE <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT		<input type="checkbox"/> SQUADROL <input type="checkbox"/> MOTORCYCLE/ PAPV	<input type="checkbox"/> OTHER: <input type="checkbox"/> VAN/BUS <input type="checkbox"/> ARMORED	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR		
SUBJECT INFORMATION	RANK	LAST NAME		FIRST NAME		EMPLOYEE NO.	SEX	RACE	AGE	HT.	WT.		
	9161	MOLINA		LUIS			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHITE HISPANIC	51	511	200		
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.		DUTY STATUS <input type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complain of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)				
<input type="checkbox"/> DNA	LAST NAME		FIRST NAME		M.I.	SEX	RACE	D.O.B.	HT.	WT.			
	LLAMAS		LUIS			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHITE HISPANIC	1993	510	180			
ADDRESS		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	<input type="checkbox"/> Under Influence of Drugs <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Mental Illness / Emotional Disorder <input checked="" type="checkbox"/> SLF INFILCTD							
MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid		<input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by CFD EMS		<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify)		<input checked="" type="checkbox"/> OTHER (Specify)	SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal						
<input type="checkbox"/> DNA <input type="checkbox"/> UNK	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		<input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input checked="" type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> OTHER (DESCRIBE)						
SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		IF YES, IDENTIFY MANNER OF ATTACK? <input type="checkbox"/> Rict/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other	<input type="checkbox"/> Shotted At <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member	<input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)					
TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Rict/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Pursuing/Arresting Subject Charge	<input type="checkbox"/> Processing/Transporting/Guarding Arrestee Charge						
<input type="checkbox"/> DNA <input type="checkbox"/> UNK	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional						
FORCE MITIGATION EFFORTS						CONTROL TACTICS							
<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES		<input checked="" type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> SPECIALIZED UNITS		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> TACTICAL POSITIONING <input checked="" type="checkbox"/> NONE <input type="checkbox"/> OTHER	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR	<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/> OTHER CRISIS NEGOTIATIONS				
RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPONS							
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> KICKS <input checked="" type="checkbox"/> OTHER NOISE FLASH DIVERSIONARY DEVICE		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> RIFLE <input checked="" type="checkbox"/> OTHER LESS LETHAL SHOTGUN					
*AUTHORIZED BY (NAME)						RANK	STAR NO.	UNIT NO.					
<input type="checkbox"/> DNA	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		2	WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> TASER	<input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER <input type="checkbox"/> RIFLE <input type="checkbox"/> LESS LETHAL SHOT	WEAPON SERIAL NO.	WEAPON CERT. NO.						
DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - SUBJECT <input type="checkbox"/> YES - MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON					
WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> OTHER PERSON		<input type="checkbox"/> DEPARTMENT MEMBER	<input type="checkbox"/> ANIMAL <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT					
<input type="checkbox"/> FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DEFENDER		PROPERTY INVENTORY NO.		<input type="checkbox"/> PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER				
CPD-11.377 (Rev. 9/27/17)		TASER DART ID NO.		TOTAL NO. OF SHOTS MEMBER FIRED		1	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
Log#1089886 Att 7													

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCENOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)
MOLINA, LUISSTAR/EMPLOYEE NO.
7996

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY		<input checked="" type="checkbox"/> Minor Contusion	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Gun Shot	HOW WAS INJURY SUSTAINED?		
<input type="checkbox"/> None / None Apparent		<input type="checkbox"/> Minor Laceration/Abrasions	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Fatal	<input checked="" type="checkbox"/> Intentional Act by Member	<input type="checkbox"/> Intentional Act by Self	<input type="checkbox"/> Intentional Act by Other
<input type="checkbox"/> Minor Swelling		<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unintentional Act by Member	<input type="checkbox"/> Unintentional Act by Self	<input type="checkbox"/> Unintentional Act by Other

WITNESSES	LAST NAME	FIRST NAME	M.I.	SEX	RACE	DATE OF BIRTH
	<input type="checkbox"/> UNK			<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
	ADDRESS CHICAGO, IL	TELEPHONE NO.	WITNESS INTERVIEW		OTHER (Specify)	
WITNESS STATEMENT		<input type="checkbox"/> INTERVIEWED	<input type="checkbox"/> NOT AVAILABLE	<input type="checkbox"/> REFUSED		

REVIEWING SUPERVISOR: COMMENTS

IRT AND COPA ON SCENE, SUPPLEMENTAL REPORTS, INCLUDING WITNESS STATEMENTS WERE SUBSEQUENTLY PREPARED. THIS WEAPON DISCHARGE WAS A LESS-LETHAL BEAN BAG SHOTGUN ROUND

ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IED REPORT TASER DOWNLOAD OTHERREVIEWING SUPERVISOR: LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) PARK, DAVID	STAR NO. 1006	SIGNATURE	DATE/TIME COMPLETED 16-JUN-2018 0953
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:
 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:

- THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE [REDACTED] COMMERCIAL AVE CHICAGO, IL 60617	EVENT NO.	RD NO.	
	16-JUN-2018	0215		18248	JB308950	
	RANK	MEMBER LAST NAME 9161 MOLINA	MEMBER FIRST NAME LUIS	EMPLOYEE NO. [REDACTED]	CB NO. [REDACTED]	CHARGE
	SUBJECT LAST NAME LLAMAS	SUBJECT FIRST NAME LUIS		M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Subject deceased following a self inflicted GSW

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

As of this report no further action by the undersigned is required. The investigation into the incident will be done by the Investigative Response Team (IRT) and the Civilian Office of Police Accountability (COPA). Based on the facts available at this time further investigation is needed. This TRR should be read in conjunction with all other reports and additional TRR's.

LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE
REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE
REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE
ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
1029896

BASED ON THE PRELIMINARY
INFORMATION THAT I HAVE
REVIEWED AND THAT WAS
AVAILABLE AT THE TIME OF
THIS REPORT, THE
MEMBER'S USE OF FORCE
RESPONSE APPEARS TO BE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND
DIRECTIVES.
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

<input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR	<input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN
<input type="checkbox"/> REVIEW STREAMING VIDEO	<input type="checkbox"/> STRESS REDUCTION SEMINAR
<input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES	

OTHER:

Officer required to report for Traumatic Incident Stress Management Program

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

STAR NO.

VALACEZ, FRANCIS A

SIGNATURE
[REDACTED]

DATE/TIME COMPLETED

20-Jun-2018 2133

Cog #108 9886
AAT 7